

LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY
SOLID WASTE ANNUAL REPORT FOR TYPE III FACILITIES
SEPARATION AND COMPOSTING FACILITIES
(Please Refer to the Detailed Instructions)

1. Site Identification Number _____ July 1, _____ thru June 30, _____
2. Permit Number _____ Agency Interest Number _____
3. Name of Permit Holder _____
4. Name of Facility _____
5. Mailing Address _____ Parish _____
6. Contact _____ Telephone (____) _____
7. Type of Facility: ☐ Composting Facility ☐ Separation Facility

8. SUMMARY OF SOLID WASTE RECEIVED:

ALL QUANTITIES ARE TO BE SHOWN IN WET-WEIGHT TONS

(A) Waste Number	(B) Quantity of Waste Received	(C) Quantity Re-used or Recycled	(D) Quantity Shipped Off-Site for Processing/Disposal	*(E) Transporter Number	(F) Disposer/Processor ID Number
TOTAL:					
(G) Quantity of Waste Received (In-State)					
(H) Quantity of Waste Received (Out-of-State)					

This form is to be returned to the Financial Services Division at the following address no later than August 1 of each reporting year. Questions regarding the form may be directed to the Financial Services Division at (225) 219-3863.

**Financial Services Division
Attn: SW Reports
Post Office Box 4303
Baton Rouge, LA 70821-4303**

Site Identification Number _____

Permit Number _____

9. SUMMARY OF PRODUCT USE: COPY THIS FORM AS NECESSARY

Quantity of Material Shipped Off-Site Recycle Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling Name: Address: Contact Person: Telephone: Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling
Quantity of Material Shipped Off-Site Recycle Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling Name: Address: Contact Person: Telephone: Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling
Quantity of Material Shipped Off-Site Recycle Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling Name: Address: Contact Person: Telephone: Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling
Quantity of Material Shipped Off-Site Recycle Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling Name: Address: Contact Person: Telephone: Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling
Quantity of Material Shipped Off-Site Recycle Re-Use			Persons Receiving Material Shipped Off-Site for Reuse/Recycling Name: Address: Contact Person: Telephone: Received for: <input type="checkbox"/> Reuse <input type="checkbox"/> Recycling

Site Identification Number _____

Permit Number _____

10. This section must be completed only by Separation Facilities:

What percentage of the total waste stream received by the facility has been reduced?

11. Provide all calculations used to compute the quantity (expressed in wet-weight tons) of solid waste received and shipped off-site.

12. CERTIFICATION: I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature _____ Date _____

Name and Title _____
(Type the name and title of the person signing the form)

DETAILED INSTRUCTIONS FOR THE ANNUAL REPORT FOR TYPE III FACILITIES
(SEPARATION AND COMPOSTING)

The annual report for Type III – separation and composting facilities covers activities for the period beginning July 1st and ending June 30th of each year. This report shall be submitted by August 1st of each year.

1. Side Identification Number: Indicate the identification number that has been assigned to the site by the Administrative Authority. Also, enter the year in which the report applies.
2. Permit Number: Enter the permit number for the facility in which this report applies. Each individual permitted facility is to be reported on a separate form.
3. Name of Permit Holder: Enter the name in which the permit has been issued.
4. Name of Facility: Enter the name of the facility for which this report applies.
5. Mailing Address: Enter the mailing address for the facility, and the parish location.
6. Contact: Enter the name of the person knowledgeable of the information submitted on the report and his/her telephone number.
7. Type of Facility: Place a check by the type(s) of facility(ies) being reported.
8. Summary of Solid Waste received: Amounts expressed in this report must be done so in wet-weight tons/year. No other methods of reporting will be accepted.
(A) Waste Number: Enter the two-digit number that applies.

01 Residential	07 Domestic Sewage Sludge
02 Commercial	08 Underground Storage Tank/Corrective Action Wastes
03 Trash	09 Agricultural Waste
04 Woodwaste	10 Stable
05 Construction/Demolition	11 Infectious Waste
Debris	12 Friable Asbestos
06 Incinerator Ash	13 Other, specify name

- (B) Quantity of Waste Received: Enter amounts of waste received. Total all wastes received and enter the total at the bottom of the column.
- (C) Quantity Re-used or Recycled: Enter the quantity of wastes received that were re-used or recycled.
- (D) Quantity Disposed: Enter amount of waste disposed off-site.
- (E) Transporter ID Number: Enter the solid waste identification number of the transporter that transported the waste off-site.
- (F) Disposer/Processor ID Number: Enter the identification number of the disposer/processor that received the waste shipped off-site.
- (G) Quantity of Waste In-State: Enter the amount of waste received at the facility that came from in-state sources.
- (H) Quantity of Waste Out-of-State: Enter the amount of waste received at the facility that came from out-of-state sources.
9. Summary of Product Use: Enter the amount (wet-weight tons) of material shipped off-site for recycling/re-use.

(A) Enter the number that applies.

SEPARATION FACILITIES

- 01-A Glass
- 01-B Metals
- 01-C Paper
- 01-D Plastic
- 01-E White Goods
- 01-F Batteries
- 01-G Waste Oil
- 01-H Other, Specify

COMPOSTING FACILITIES

- M1 Class M1 Compost
- M2 Class MC Compost
- S1 Class S1 Compost
- S2 Class S2 Compost
- YW Class YW Compost

- (B) Indicate if the material was shipped off-site for reuse or recycling. Check appropriate box.
- (C) Enter the name of the person receiving the material for reuse, recycling or resale. Also, enter the mailing address, telephone number and the name of a contact person.
10. This section applies only to separation facilities. Indicate what percentage of the total waste stream received by the facility has been reduced.
11. Provide all calculations used to compute the quantity of solid waste received at the facility.
12. Certification for Signature: The facility's legally authorized representative for the site operations should sign the form. Enter the date, the name and the title of the person signing the form.